

EXHIBIT 8

AFFIDAVIT OF KATHERINE EVANS

1. My name is Katherine Evans. I am the Associate General Counsel, Regulatory & Government Affairs, Legal for CSAA Insurance Exchange. I am over the age of 18 and the statements made in this Declaration are based upon my personal knowledge, under penalty of perjury, and are true and correct.

2. CSAA Insurance Exchange is not licensed to transact insurance business in Oklahoma, which includes issuing policies to Oklahoma citizens.

3. CSAA Insurance Exchange does not issue policies in Oklahoma and does not have subscribers or members that are citizens of the State of Oklahoma.

4. Neither AAA Club Alliance nor AAA Oklahoma are part of CSAA Insurance Group (“CSAA IG”) nor are they affiliated entities of CSAA Insurance Exchange, CSAA General Insurance Company or CSAA Fire & Casualty Insurance Company. Neither AAA Club Alliance nor AAA Oklahoma pool business with the CSAA IG entities, nor do they share premiums, expenses, losses.

5. CSAA General Insurance Company is an Indiana corporation with its principal place of business in California.

6. Plaintiff is an insured and customer of CSAA Fire & Casualty Insurance Company, which is an Indiana corporation with its principal place of business in California.

7. By purchasing an insurance policy from CSAA Fire & Casualty, Plaintiff has entered into a contract with CSAA Fire & Casualty, which is the underwriting company on Plaintiff’s insurance policy.

8. Individuals with policies of insurance with CSAA Fire & Casualty Insurance Company do not become subscribers or members of CSAA Insurance Exchange by virtue of purchasing a policy of homeowner’s insurance from CSAA Fire & Casualty Insurance Company.

9. Individuals with policies of insurance with CSAA Fire & Casualty Insurance Company, do not become insureds of CSAA General Insurance Company by virtue of purchasing a policy of homeowner's insurance from CSAA Fire & Casualty Insurance Company.

10. Individuals with policies of insurance with CSAA Fire & Casualty Insurance Company, do not become insureds of any broader inter-insurance exchange by virtue of purchasing a policy of homeowner's insurance from CSAA Fire & Casualty Insurance Company.

11. CSAA Insurance Group is not a legal entity nor does it hold itself out to be one. It does not underwrite or administer policies or otherwise act as a legal entity. It is a term used to reference a group of insurance companies that includes CSAA Insurance Exchange, CSAA Fire & Casualty Insurance Company, and CSAA General Insurance Company. CSAA Insurance Group does not include AAA Club Alliance and AAA Oklahoma.

12. A person is not required to be a subscriber of CSAA Insurance Exchange to purchase a homeowner's insurance policy from CSAA Fire & Casualty Insurance Company.

13. This Declaration is made of my own free will and is based upon my personal knowledge and my best recollection.

I declare under penalty of perjury that the foregoing is true and correct.


KATHERINE EVANS

Subscribed and sworn to before me on this 22nd day of August, 2019.

Notary Public

My commission expires:

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], not Notary)

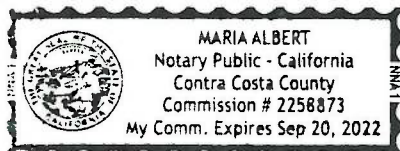
1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Contra Costa

Place Notary Seal and/or Stamp Above

Subscribed and sworn to (or affirmed) before me

on this 22nd day of August, 2019,
 by Date Month Year

(1) Katherine Jean Evans

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to
 be the person(s) who appeared before me.

Signature Maria Albert
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or
 fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____